Remarks/Arguments:

Claims 7-10 and 16 remain for consideration in this application with claims 7 and 16 being in independent format. Claim 16 was noted as allowable in the last Office Action. In view of the claims as they now stand, together with remarks hereunder, the rejections of the Office Action of December 4, 2003 must be traversed.

The present invention provides an improved feeding tube which allows an installer to quickly ascertain whether the tube is properly placed within a patient's esophagus which necessitates inserting the tube "through patient's nose or mouth and through the patient's pharynx for passage into and through the patient's esophagus for ultimate placement of the distal end of the tube in communication with the patient's small intestine." (Summary of the Invention, page 2, lines 26-29). The proximal portion of the tube remains outside the patient for connection to a CO_2 detecting machine. (Summary of the Invention, page 2, lines 13-24). The connected CO_2 detecting machine detects the presence of CO_2 entering the distal end of the feeding tube. "If a substantial or threshold amount of CO_2 is detected, this indicates that the tube is improperly placed in or adjacent the patient's trachea. On the other hand, if no substantial CO_2 is detected, the installer knows that the tube is not improperly placed, but rather is proceeding toward the patient's esophagus." (Summary of the Invention, page 2, lines 31-34).

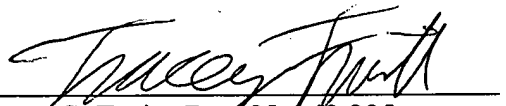
Claim 10 was objected to for not containing a period a the end of the claim. This oversight has been corrected.

Claims 7-10 were rejected under 35 U.S.C. 102(b) as being anticipated by U.S. Patent No. 6,098,617 to Connell (Connell). To begin, Connell does not disclose a feeding tube, even in the broadest interpretation of the word. Connell discloses a pharyngeal airway device which maintains an open airway passage, delivers oxygen or other inhalant gas directly to a patient's pharynx, and monitors the level of expired gas in the vicinity of a patient's trachea where the carbon dioxide level is the greatest. Such airway device could *never* be used as a feeding tube because the end which is inserted into a patient never reaches the esophagus. Accordingly, food introduced through the end of the airway device remaining outside the patient's body would enter the lungs with the attendent problem of the lungs filling up with the introduced food. Such a process can be extremely harmful to the patient and can result in death. In order to further differentiate this major difference between the present invention and Connell, claim 7 has been amended to recite that the tube is of sufficient length to extend from outside the patient, past the pharynx and into the patients esophagus. Such cannot be said for Connell and if the device of Connell were lengthened to be able to do so, the airway device would be rendered inoperable for its intended purpose. Accordingly, Applicant respectfully asserts that this rejection has been overcome.

Any additional fee which is due in connection with this amendment should be applied against our Deposit Account No. 19-0522.

In view of the foregoing, a Notice of Allowance appears to be in order and such is courteously solicited.

Respectfully submitted,

By 

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